

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000076341

00 OCT 18 PM 3:14

1. Corporation Name

GTS GROUP, INC.

Principal Place of Business

Mailing Address

2600 NW 55TH COURT
SUITE 233
FORT LAUDERDALE FL 33309

P.O BOX 23433
FORT LAUDERDALE FL 33307-3433
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

60

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0531294

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KEARNS, STEVEN	621 NW 53RD STREET, SUITE 240 2600 NW 55th Ct, # 230	BOCA RATON FL 33487 FL LAUDERDALE, FL 33309
D	BOYD, GERALD	4241 W MCNAB RD #14 326 Commerce Blvd	POMPANO BEACH FL 8069RD, GA 30625
			8000003441888-9 -10/27/00--01023--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEARNS, STEVEN
621 NW 53RD STREET 2600 NW 55th Ct, #230
SUITE 240 Ft. Lauderdale, FL 33309
BOCA RATON FL 33487

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-484-2003

CR2E040 (8/01)